

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13799

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC7051018572**

**Entity Name:** THE CHAPEL AT SAWGRASS, INC.

**Current Principal Place of Business:**

SAWGRASS C C  
PONTE VEDRA BEACH, FL 32004

**Current Mailing Address:**

P.O. BOX 3205  
PONTE VEDRA BEACH, FL 32004 US

**FEI Number: 59-2719600**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOLAGHAN, JOHN  
2020 OAK HAMMOCK DRIVE  
PONTE VEDRA BEACH, FL 32082 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PASTOR  
Name           DOLAGHAN, JOHN  
Address        2020 OAK HAMMOCK DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL

Title           DIRECTOR, TREASURER  
Name           BANNON, JAMES L  
Address        P.O. BOX 3205  
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title           D  
Name           SEAMAN, OLIVIA  
Address        1601 S OCEAN DRIVE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           D  
Name           COWARD, VIRGINIA A  
Address        2413 BRITTANY COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           DIRECTOR, PASTOR  
Name           CLARKE, ROY  
Address        P.O. BOX 3205  
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title           DIRECTOR, CHAIRMAN  
Name           VELLA, JOSEPH F  
Address        P.O. BOX 3205  
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title           DIRECTOR, ASST. TREASURER  
Name           MCCABE, GEORGE  
Address        P.O. BOX 3205  
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title           DIRECTOR  
Name           WHITLOCK, SARAH  
Address        P.O. BOX 3205  
City-State-Zip: PONTE VEDRA BEACH FL 32004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES L. BANNON**

**DIRECTOR, TREASURER   01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date